COMBINED ELIGIBILITY SCREENING FORM FOR TITLE X AND TITLE XX FAMILY PLANNING SERVICES

PART I – CLIENT INFORMATION						
Name (Last, First, Middle)	E E		Marital Status	ırried		Age
Residence Address (Street, Apt. No., City, State, Zip)	City, State, Zip)		ence	Telephone Number		
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PART II – INCOME ELIGIBILITY DETERMINATION						
1. How many people are in the family?						
2. If client is married or is 20 years of age or older, what is the family's gross monthly income? \$ / per month						
3. If client is unmarried and 19 years of age or younger, what is the client's own gross monthly income? \$/ per month						
DEFINITION OF A FAMILY:						
Family - A social unit composed of one person, or two or more persons living together as a household.						
DEFINITION OF INCOME AND HOW TO CALCULATE:						
Gross Monthly Income - The total monthly income received before taxes. Include all sources of income as defined in TDH Titles X & XX Family Planning Definition of Income. For clients who are married or who are 20 years of age or older, this is the income of all family members. For unmarried clients age 19 or younger, this includes the income of the client only.						
How to Calculate the Gross Monthly Income - If income is received in lump sums or at longer intervals than monthly, such as for seasonal employment, divide the income by the number of months the income is expected to cover. If paid weekly, multiply weekly income by 4.33. If paid every 2 weeks, multiply that by 2.165. If paid twice a month, multiply by 2.						
PART III – CLIENT AGREEMENT						
I have asked for family planning services and accepted family planning services from this clinic. I understand this clinic receives government monies from the Texas Department of Health. The information that I have given to the clinic staff is true and correct to the best of my knowledge.						
2. I will tell the staff at the clinic when there are any changes in my income or number of people in my family.						
NOTE: Only the client who is to receive the family						
planning services may sign and date this form to request and consent to services. A requirement of spousal or parental consent is prohibited.	Signature of Client			D	ate	
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NOTE: If a client uses a mark "X," a witness also signs this form.	Signature of Witness (if applicable)			Date		
PART IV - PROVIDER ELIGIBILITY CERTIFICATION						
Is the client eligible for subsidized services?						
Co-payment level:%						
Name of Agency	Signature – Agency	/ Staff Member			 Date	

PART V - PREFERED METHOD OF FOLLOW-UP

Check all that apply: ? Mail ? Phone ? Home Visit ? No Contact